SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR CLINICAL COMMISSIONING POLICY PROPOSITION

URN: 1822
TITLE: Doravirine for treating HIV (HIV-1) in adults
CRG: HIV
NPOC: Blood & Infection
Date: 20/03/19

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy similar to that in the evidence reviewed, including subgroups?	Yes.			
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	Yes.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	Yes. The evidence review did identify that the comparator group was a drug combination that is not usually used in the UK and is different to the BHIVA guidance. See evidence review for full description.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	Yes.			
Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the policy?	Yes. There was no increased risk of harms. The studies demonstrated equivalent levels of risk as current drugs and possible certain reduction on harms (e.g, sleep and dizziness).			
The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:	The policy proposition is built on the basis of non-inferiority to allow the drug to enter the tendering process and identify its appropriate point in the HIV treatment pathway. It will displace drugs of equivalent or increased costs.			

• Balance between benefits and harms • Quality and uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	The policy proposition would progress to CPAG as an in-year service development in order to become part of the tender framework.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should be reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

<u>Overall conclusions of the panel</u>

Report approved by:
James Palmer
Clinical Panel Chair
27/03/19